

WASHINGTON STATE  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND ADULT SERVICES ADMINISTRATION

HEALTH MAINTENANCE PROGRAM GUIDELINES

Revised August 1990

Included with the health maintenance program guidelines are two attachments.

Attachment I: Vulnerability criteria, Senior Citizens Services Act (SCSA) eligibility and participation requirements, Title III of the Older Americans Act (OAA) eligibility requirements, contribution policy.

Attachment II: A suggested checklist for monitoring a health maintenance program against the program guidelines. The monitoring checklist may be used by the service provider to monitor its own compliance with the guidelines and/or it may be used by an Area Agency on Aging to evaluate the service provider's compliance.

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PROGRAM DEFINITION

Health maintenance services are furnished to older persons who live in their own homes, are medically stable and need assistance with personal grooming, self-care and related activities of daily living. Limited nursing services may be provided when needed.

TARGET POPULATION

The target population for health maintenance services is persons age 60 and over who:

1. Need health maintenance services to remain in their own homes;

AND

2. Are not eligible to receive the same services from the department's Chore or Medicaid Personal Care programs;

AND

3. Are not eligible for or have exhausted other sources of payment for similar services (Medicare, Medicaid, insurance) or similar services are not available.

All persons served must be members of the target population.

All persons served must meet the vulnerability criteria listed in Attachment I.

AVAILABLE FUNDING

This program may be funded by Title III of the Older Americans Act or by the Senior Citizens Services Act. Refer to Attachment I for eligibility and participation requirements and the contribution policy.

ASSESSMENT

An assessment by a Registered Nurse, signed and dated, should document that the potential client has a medically stable condition. As a guideline, nine of the thirteen

criteria listed below should be met to indicate a medically stable condition; if nine criteria are not met and, in the professional judgement of the Registered Nurse the client's condition is stable, documentation which supports the Registered Nurse's judgement should be included in the client's file.

A. Criteria for Medically Stable Condition

1. Stable Blood Pressure: Within a range appropriate to the age and characteristics of the client as defined by the primary physician or a nurse.
2. Stable Pulse Rate and rhythm: Within a range appropriate to the age and characteristics of a client as defined by the primary physician or nurse.
3. Stable Respiration Rate and Character: Within a range appropriate to age and characteristics of the client as defined by the primary physician or nurse.
4. Controlled Edema: Documentation of one or more of the following:
  - a. Minimal measured increase in diameter of feet, ankles, calves or abdomen.
  - b. No weight gain over 5 pounds in 48 hours.
5. Controlled Pain: Client or family state pain is adequately controlled within tolerable limits by prescribed treatment.
6. Complications: Client or family are able to identify and follow through when there are signs or symptoms of complications in the client's particular illness.
7. Medication Program:
  - a. Client or family can state dosage, frequency, mode, expected results.
  - b. Client or family can state medication is taken as prescribed.
8. Dietary Needs:
  - a. Client or family is able to describe a balanced diet and adequate hydration.
  - b. Client or family is able to describe prescribed restrictions to client's diet.
9. Adequate Nutrition: Documentation indicates client has been eating a balanced diet, drinking an adequate amount of fluid per day and following diet restrictions for at least two weeks.

10. Home Care Program: Client or family are taught and are able to demonstrate they can carry out the prescribed home care program adequately and safely.
11. Activities of Daily Living:
  - a. Client or family deals appropriately with client's physical limitations.
  - b. Client is able to manage activities of daily living (bathing, eating, dressing, personal hygiene, toileting, homemaking) with assistance and paces activities appropriately.
12. Bowel Regimen: Client or family understands importance of normal bowel regimen and how to maintain it at least two weeks.
13. Safety Factors: Client or family demonstrates awareness of safety factors in the environment.

The Registered Nurse should assure that the potential client does not routinely require supervision by a Registered Nurse more than once every 90 days and that needed tasks can be safely performed by a trained paraprofessional except for tasks which require the services of a licensed health professional.

B. Supplementary Information

As part of the assessment procedure, the Registered Nurse should obtain and document the supplementary information listed below. A Release of Information should be obtained from the client when appropriate and maintained in the client's file.

1. Medical/health history of client.
2. Availability of support from other sources. The support system may consist of a configuration of the following:
  - Spouse/family member
  - Nutrition program
  - Friends/neighbors
  - Adult day health or day care
  - Primary physician
  - Home health services
  - Registered pharmacist
  - Health maintenance services
  - Chore/Medicaid personal care services

- Volunteer/religious services
- Home delivered meals
- Others identified for individual client

Upon completion of the assessment and receipt of the required information, the Registered Nurse should develop a written plan of care for the client which specifies tasks to be performed, the frequency of task performance and expected results. The plan of care should be signed and dated by the Registered Nurse and followed by the Health Maintenance Aide.

## SERVICES

The personal grooming, self-care, and related activities of daily living tasks performed by the Health Maintenance program fall into two categories. Category I tasks may be performed by appropriately trained Health Maintenance Aides subsequent to the Registered Nurse's assessment and authorization of necessary tasks. Category II tasks may be performed by appropriately trained Health Maintenance Aides and/or licensed health professionals only after a physician's order has been obtained. All physician orders should be maintained or filed.

All tasks which require complete lifting of the client may be performed only by personnel who have received appropriate training in this procedure. Tasks marked with one asterisk may be performed only by persons who have received special training prior to performing the task. Tasks marked with a double asterisk may be performed only by a licensed health professional.

### A. Category I

1. Assist client with bathing, which may range from providing support, steadying or supervision to providing a complete bed bath. Assistance with bathing may also include complete lifting of the client as well as tub transfers.
2. Assist client with routine personal grooming tasks, including:
  - a. Care of hair
  - b. Care of skin (includes shaving)
  - c. Care of mouth and teeth (includes denture care)
  - d. Filing or cutting of fingernails
  - e. Filing or cutting of toenails\*
3. Assist client with dressing or undressing.

4. Assist client in care of toileting needs by providing support, steadying or transfer. Assistance may include cleansing, removal and replacement of colostomy or ureterostomy bag, or catheter irrigation for patients who have had such an appliance in place for at least three months, as deemed appropriate by the Registered Nurse\*. Assistance may also include giving and removing of bed pan or urinal.
5. Assist client with ambulation by providing support, steadying or supervision. Assist a non-ambulatory client by pushing a wheelchair or supervising as the client propels the wheelchair.
6. Assist with preparation of food for the client, which may include preparation of special diets.
7. Assist client to eat, which may range from cutting food to feeding the client.
8. Assist client with routine housekeeping tasks related to provision of other health maintenance services, which may include:
  - a. Cleaning bathroom (after assisting client with bath)
  - b. Cleaning kitchen (after assisting client with meals)
  - c. Changing bed linen (after assisting client with bath)
  - d. Laundering of towels, bed linen, etc.
9. Monitor client's condition, which may range from observation of client to taking blood pressure, temperature, and pulse\*.

B. Category II

1. Remind client to take medication prescribed/recommended by client's physician (may include assisting client with developing and keeping a record of medications)\*.
2. Assist client with taking oral medication\*\*.
3. Give client injections or administer eye drops\*\*.
4. Perform simple dressing changes\*.

It should be the responsibility of the Health Maintenance Aide to maintain service notes for each client in his/her caseload. Service notes should indicate dates service was rendered, tasks performed and amount of time utilized to complete tasks. Changes in client condition, client complaints and any other pertinent information which might require a change in the plan of care should also be noted. All service notes should be signed and dated by the Health Maintenance Aide.

## SUPERVISION

### A. Case Supervision

The Registered Nurse should be responsible for ensuring that each client receives necessary medical care in accordance with the prescribed plan of care. The Registered Nurse should make an in-home visit, check the client's health and assess the interaction between the Health Maintenance Aide and the client when service begins; and additional visits should occur at least every 90 days. More or less frequent visits may be made if the Registered Nurse determines this is appropriate and documents reasons for the variance. Dates of the initial in-home visit and additional in-home visits should be documented and signed by the Registered Nurse. The plan of care should be revised after each home visit to reflect updated medical information and status of the client in respect to medically stable criteria, and the revised plan of care should be dated and signed by the Registered Nurse.

### B. Supervision of Health Maintenance Service Aides

The Registered Nurse should have responsibility for supervising the Health Maintenance Aides. The Registered Nurse should not have a supervisory load which exceeds 100 cases. Telephone or face-to-face supervisory contacts should be made at regular intervals with frequency based on the Registered Nurse's judgment of need. Dates of supervisory contacts should be documented and signed by the Registered Nurse. During supervisory contacts with the Aide, the Registered Nurse should review all plans of care and the Health Maintenance Aide's notes on each client in his/her caseload. The Registered Nurse should also make supervisory notes on the performance of each Aide and describe actions taken to correct any problems in performance. Each Aide should receive a formal evaluation by the Registered Nurse at least annually. The evaluation should be written and discussed together by the Registered Nurse and Aide. In-service staff meetings should be held on a monthly basis.

## MEDICATIONS

The service provider should develop written medication procedures which are thoroughly explained to all staff and anyone else who has responsibility for handling medication. At a minimum, these procedures should describe:

1. How medications will be stored;
2. Under what conditions staff can administer medications and the name(s) of staff who are legally able to administer medications;
3. How medications acquired by a client must be labeled;
4. Policy on the use of general medications such as aspirin or laxatives;
5. How the use of medications will be entered in client case records

## STAFFING

### A. Employment of Staff

All staff should be employed by the service provider with the following exceptions:

1. The Director's time may be divided between a person employed by the Health Maintenance program and a person employed by the parent agency, but the individual assigned responsibility for managing the daily program and supervising staff should be available except when away on business directly related to operation of the Health Maintenance program. Another staff member should be clearly designated as the person in charge when the individual assigned responsibility for managing the daily program and supervisory staff is away.
2. Administrative support services include clerical, bookkeeping, accountant and billing functions. These services may be provided by staff employed either by the Health Maintenance program or by the parent agency.

### B. Education/Experience

Education and/or experience guidelines for key staff are described below.

1. Director
  - a. Qualified professional who is knowledgeable about the physical, social and mental health needs of the elderly and disabled.
  - b. Trained or experienced in the provision and management of human services.
2. Registered Nurse Supervisor
  - a. Bachelor's Degree in nursing or a Registered Nurse who does not have a Bachelor's degree but does have at least one year of practical experience and/or training in assessing the needs of patients in a community setting.



- b. At least one year of supervisory experience.
  - c. Experience in home health or community health nursing recommended.
  - d. Experience in working with older persons in a home setting recommended.
3. Health Maintenance Aide
- a. Satisfactory completion of appropriate training, as documented by certification, work experience or specific training.

### PERSONNEL POLICIES/RECORDS

There should be written personnel policies describing qualifications and duties of each staff position.

A record should be kept on each staff person and volunteer and include the following:

1. Name, address and phone number
2. Name, address and phone number of physician
3. Name, address and phone number of emergency contact person
4. Job assignment and salary
5. Evaluation of performance at least annually
6. Dates of employment and termination
7. Record of attendance

### TERMINATION/READMISSION

When a client is terminated from the program, the date and reasons for termination should be documented. When a terminated client is readmitted to the program, the same procedures and documentation should be required as for a new client.

### REFERRAL TO INFORMATION AND ASSISTANCE/CASE MANAGEMENT (I&A/CM)

Subject to client consent, all clients should be referred to the I&A component of the I&A/CM program for screening to determine the need for case management services.

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### VULNERABILITY CRITERIA

A person is considered vulnerable if he/she meets the following criteria:

1. Is unable to perform one or more of the activities of daily living listed below without assistance due to physical, cognitive, emotional, psychological or social impairment.
  - Ambulation
  - Bathing
  - Cooking
  - Dressing or undressing
  - Eating
  - Housework
  - Laundry
  - Manage medical treatments (prescribed exercises, change of dressing, injections, etc.)
  - Manage medications (what to take, when to take, how to store properly, etc.)
  - Manage money (budgeting, check writing, etc.)
  - Personal hygiene and grooming
  - Shopping
  - Telephoning
  - Toileting
  - Transfer (getting in and out of bed/wheelchair)
  - Transportation

### OR

2. Has behavioral or mental health problems that could result in premature institutionalization, or is unable to perform the activities of daily living listed in #1, or is unable to provide for his/her own health and safety primarily due to cognitive, behavioral, psychological/emotional conditions which inhibit decision-making and threaten the ability to remain independent.

### AND

3. Lacks an informal support system: Has no family, friends, neighbors or others who are both willing and able to perform the service(s) needed or the informal support system needs to be temporarily or permanently supplemented.

### SCSA ELIGIBILITY AND PARTICIPATION REQUIREMENTS

1. At least age 60, not employed more than 20 hours a week if age is under age 65.

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2. Income below 40 percent of the state median income for free services; sliding-fee scale applies if income is between 40 percent and 100 percent of state median income.
3. Liquid and convertible assets do not exceed amounts listed in WAC 388-17-160.

### OAA ELIGIBILITY REQUIREMENTS

Age 60 or over.

### CONTRIBUTION POLICY

Persons who receive services funded by Title III of the Older Americans Act must be given a free and voluntary opportunity to contribute to the cost of services provided. The same opportunity must be extended to persons who receive an SCSA-funded service which is not subject to a means test. The service provider must protect each person's privacy with respect to his/her contribution, establish procedures to safeguard and account for all contributions made by users of the service and use all such contributions to expand the service which received the contribution.

The service provider may develop a suggested contribution schedule. If a schedule is developed, the provider must consider the income ranges of older persons in the community and the provider's other sources of income. No otherwise eligible person may be denied service because he/she will not or cannot contribute to the cost of the service.

## HEALTH MAINTENANCE PROGRAM GUIDELINES SUGGESTED CHECKLIST FOR MONITORING AGAINST THE PROGRAM GUIDELINES

Checklist Completed by: Service Provider \_\_\_\_\_ Area Agency \_\_\_\_\_ AAA \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Guideline	Yes	No	N/A
<u>ELIGIBILITY/TARGET POPULATION</u>			
Persons served with Title III funds are age 60 and over.			
Persons served with SCSA funds meet the SCSA eligibility requirements.			
SCSA-funded persons with incomes over 40% SMI pay the amount indicated by the sliding fee scale.			
All persons served are members of the target population.			
All persons served meet the vulnerability criteria.			
<u>Comments on Eligibility/Target Population</u>			
<u>ASSESSMENT</u>			
The Registered Nurse does an assessment of each client entering the program.			
Each assessment is signed and dated by the Registered Nurse.			
Assessments document that clients served by the program meet nine of thirteen criteria which indicate a medically stable condition.			
If nine of the criteria are not met, there is documentation which supports the Registered Nurse's judgment that a client's condition is stable.			

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SUGGESTED CHECKLIST FOR MONITORING AGAINST THE PROGRAM  
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Guideline	Yes	No	N/A
Clients served usually require supervision by a Registered Nurse no more frequently than once every 90 days.			
Needed tasks can be safely performed by a trained paraprofessional, except for tasks which require the services of a licensed health professional.			
The Registered Nurse obtains a medical/health history of each client as part of client assessment.			
The Registered Nurse assesses the availability of support from other services as part of client assessment.			
A Release of Information is obtained from the client when appropriate and is maintained on file.			
The Registered Nurse develops a written plan of care for each client.			
Each plan of care specifies tasks to be performed, the frequency of task performance and expected results.			
Each plan of care is signed and dated by the Registered Nurse.			
There is evidence the plan of care is followed by the Health Maintenance Aide.  <u>Comments on Assessments</u>			

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Guideline	Yes	No	N/A
<u>SERVICES</u>			
A physician's order is obtained before Category II tasks are performed.			
All physician orders are maintained on file.			
All personnel who completely lift a client have received appropriate training in this procedure.			
Persons who perform tasks marked with one asterisk have received special training prior to performing the task.			
Tasks marked with a double asterisk are performed only by licensed health professionals.			
Each Health Maintenance Aide maintains service notes for each client in his/her caseload.			
Service notes indicate dates service was rendered, tasks performed and amount of time utilized to complete tasks.			
Service notes include information on client condition, client complaints and other pertinent information which might require a change in the service plan.			
All service notes are signed and dated by the Health Maintenance Aide.			
<u>Comments on Services</u>			

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Guideline	Yes	No	N/A
<u>SUPERVISION</u>			
The Registered Nurse makes a visit to the client's home when service begins to check the client's health and assess the interaction between the Aide and client.			
The Registered Nurse makes a visit to each client's home at least every 90 days.			
If home visits are made more or less frequently than every 90 days, the reasons for the variance are documented by the Registered Nurse.			
Dates of the initial home visit and additional visits are documented.			
The plan of care is updated after each home visit by the Registered Nurse.			
The revised plan of care is signed and dated by the Registered Nurse.			
The Registered Nurse has a supervisory caseload of not more than 100 cases.			
The Registered Nurse has regular telephone or face-to-face supervisory contacts with each Aide.			
Date of supervisory contacts are documented and signed by the Registered Nurse.			
During supervisory contacts with an Aide, the Registered Nurse reviews all plans of care and the Aide's notes on clients in his/her caseload.			
The Registered Nurse makes supervisory notes on the performance of each Aide.			
Supervisory notes describe actions taken to correct any problems in Aide performance.			

## HEALTH MAINTENANCE PROGRAM GUIDELINES SUGGESTED CHECKLIST FOR MONITORING AGAINST THE PROGRAM GUIDELINES

Guideline	Yes	No	N/A
The Registered Nurse makes a formal evaluation of each Aide at least annually.			
The above evaluation is written and discussed together by the Registered Nurse and Aide.			
In-service staff meetings are held on a monthly basis.			
<u>Comments on Supervision</u>    <u>MEDICATIONS</u>  The service provider has developed written medication procedures.  Medication procedures describe the following:  How medications will be stored  Under what conditions staff can administer medications and the name(s) of staff who are legally able to administer medications  How medications acquired by a client must be labeled  Policy on the use of general medications such as aspirin or laxatives  How the use of medications will be entered in client case records  <u>Comments on Medications</u>			



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SUGGESTED CHECKLIST FOR MONITORING AGAINST THE PROGRAM  
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Guideline	Yes	No	N/A
<b><u>STAFFING</u></b>			
Staff are employed as follows:			
All staff are employed by the service provider.			
All staff are employed by the service provider except the Director's hours are divided between a person employed by the Health Maintenance program and a person employed by the parent agency.			
All staff are employed by the service provider except those who perform administrative support services are employed by the parent agency.			
The individual assigned responsibility for managing the daily program and supervising staff is available except when away on business directly related to operation of the Health Maintenance program.			
Another staff member is clearly designated as the person in charge when the individual responsible for managing the daily program and supervising staff is away.			
The Director is a qualified professional who is knowledgeable about the physical, social and mental health needs of the elderly and disabled.			
The Director is trained or experienced in the provision and management of human services.			
The Registered Nurse supervisor has a Bachelor's Degree in nursing or is a Registered Nurse with at least one year of practical experience and/or training in assessing the needs of patients in a community setting.			
The Registered Nurse supervisor has at least one year of supervisory experience.			

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Guideline	Yes	No	N/A
The Registered Nurse supervisor has experience in home health or community health nursing (recommended).			
The Registered Nurse supervisor has experience in working with older persons in a home setting (recommended).			
There is documentation that each Health Maintenance Aide has completed appropriate training (certification, work experience or specific training).			
<u>Comments on Staffing</u>			
<u>PERSONNEL POLICIES/RECORDS</u>			
There are written personnel policies describing qualifications and duties of each staff position.			
A record is kept on each staff person and volunteer which includes the following:			
Name, address and phone number			
Name, address and phone number of physician			
Name, address and phone number of emergency contact person			
Job assignment and salary			
Evaluation of performance at least annually			
Dates of employment and termination			
Record of attendance			

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Guideline	Yes	No	N/A
<u>Comments on Personnel Policies/Records</u>			
<u>TERMINATION/READMISSION</u>			
The date and reasons for termination are documented when a client is terminated from the program.			
When a terminated client is readmitted to the program, the same procedural and documentation requirements are followed as for a new client.			
<u>Comments on Termination/Readmission</u>			
<u>REFERRAL TO I&amp;A/CM</u>			
Clients who consent are referred to I&A for case management screening.			
<u>CONTRIBUTIONS</u>			
Persons served with Title III funds are given the opportunity to contribute to the cost of services provided.			
There are procedures to:			
Protect each person's privacy with respect to his/her contribution			
Safeguard and account for all contributions			
Use all contributions to expand services			

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Guideline	Yes	No	N/A
A suggested contribution schedule has been developed.			
No otherwise eligible person is denied service because he/she will not or cannot contribute to the cost of service.			
<u>Comments on Contributions</u>			
<u>OTHER COMMENTS</u>			
Does the service provider comply with all program guidelines?			
If no, has the Area Agency granted a waiver for each guideline not met?			
If no, attach plan(s) for complying with any guideline(s) not met and for which no waiver has been granted.			